

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90265 013 \*\*\*\*61.25

DOCUMENT # N10542

1. Entity Name

CITRUS POINTE OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2880 SCHERER DRIVE  
SUITE 840  
SAINT PETERSBURG FL 33716  
US

2880 SCHERER DRIVE  
SUITE 840  
SAINT PETERSBURG FL 33716  
US



2. Principal Place of Business

3. Mailing Address

**Sterling Management Services**  
2870 Scherer Drive N., Suite 100  
St. Petersburg, FL 33716

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2870 Scherer Drive N., Suite 100  
St. Petersburg, FL 33716

1st. MOORE

CR2E037 (10/05)

4. FEI Number

59-2556475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTERILL, RON  
1505 N FLORIDA AVE  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

1010 N. FLORIDA AVE.

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DTT	<input type="checkbox"/> Delete
NAME	LINDERMAN, CHERYL	
STREET ADDRESS	14018 CITRUS POINTE DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROSTICK, KIMBERLY	
STREET ADDRESS	7606 LIMBURY CT	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	V	<input type="checkbox"/> Delete
NAME	HILL, ROBERT	
STREET ADDRESS	13927 HENSON CIRCLE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAGG, SANDY	
STREET ADDRESS	14003 LEMON VALLEY CT	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRINER, HARMON	
STREET ADDRESS	14001 CITRUS POINT DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN OUERSTREET	
STREET ADDRESS	7611 CARACAL CT.	
CITY-ST-ZIP	TAMPA, FL. 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Overstreet, Director*

3/13/6

813-920-6452